

**FIA-1459,
INTERSTATE
REDIRECTION AND
ASSIGNMENT OF
SUPPORT**

**INTERSTATE REDIRECTION AND ASSIGNMENT OF SUPPORT
Michigan Department of Social Services**

(Obligee)

vs

(Obligor)

* Court File No. _____
* _____
* County of _____
* _____
* State of _____
* _____
* AFDC No. _____
* _____
* Case Name _____

I, the undersigned recipient of IV-D child support services, request that the support payments provided for in the above captioned order be directed to the Michigan Friend of the Court (a IV-D Agent of the Michigan Department of Social Services) named below. I authorize said Friend of the Court to endorse and negotiate any support checks received during the period I am a recipient of IV-D child support services.

In the event that no support order has been entered in the above matter, I further authorize any support payments to which I might become entitled to from the above named obligor to be directed to the Friend of the Court indicated below. I understand that the Office of Child Support or its agents may attempt to develop court ordered support payments from the above obligor and that any resulting court ordered payments are to be directed through the Friend of the Court at the address provided below.

If I am or should become a recipient of AFDC benefits, I understand that this document assigns to the State of Michigan my interest in all support payments which have accrued prior to or come due during the period of my receiving assistance, whether paid before or after termination of assistance, in accordance with the Social Security Act, 45CFR 232.11.

I request that the ☐ Collection Agency ☐ Absent Parent forward support payments on my case to the following address:

County Friend of the Court

Street

City Michigan _____
Zip Code

This assignment shall be effective commencing the _____ day of _____, 19____.

Dated this _____ day of _____, 19____.

Witness to Signature

Obligee's Signature

Street

City State

State of Michigan, County of _____

Subscribed to before me this _____ day of _____, 19____.

Notary Public _____ County, Michigan

My Commission Expires _____, 19____.

The Department of Social Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.

DSS-1459 (Rev. 1-91) Previous Edition Obsolete

AUTHORITY: 45 CFR 232.11 302.32 AND 302.51
COMPLETION: Required
PENALTY: Ineligibility for ADC

FACSIMILE